

Maine Weekly Influenza Surveillance Report

January 21, 2009

Synopsis

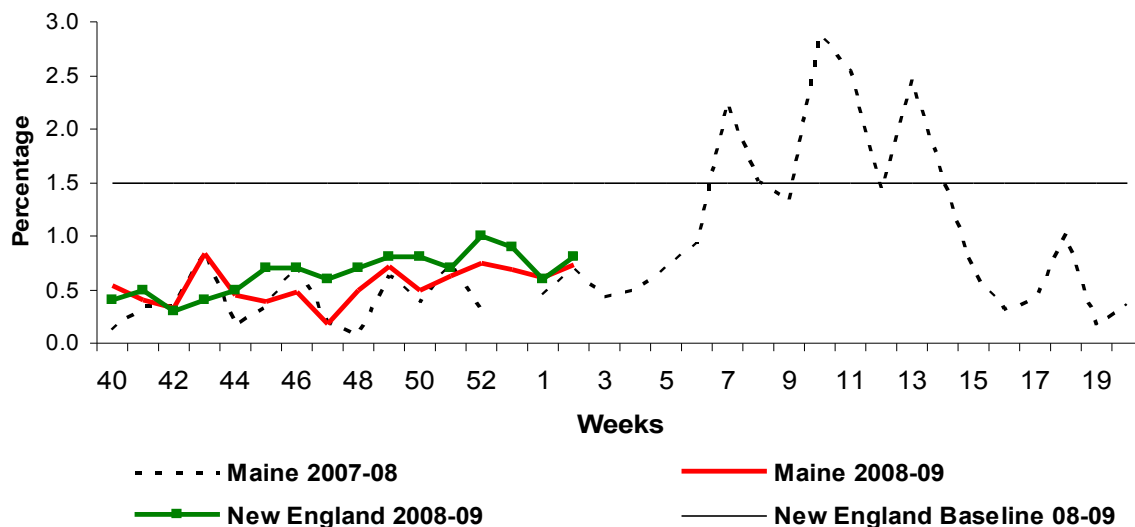
During the week ending January 17th, 2009 (MMWR week 2)*, Maine reported sporadic influenza activity.

Moderate Disease Surveillance

Outpatient influenza-like illness (ILI)

During the week ending January 17th, 2009, 0.7% of outpatient visits reported by seven Maine Sentinel Providers were for influenza-like illness (ILI). ILI is defined as fever ($\geq 100^{\circ}$ F / $\geq 37.8^{\circ}$ C) AND cough or sore throat in the absence of a known cause. In the New England States, 0.8% of outpatient visits were attributed to influenza-like illness during week 2. Maine remains below the New England baseline.

Outpatient Visits for Influenza-like Illness – Maine, 2007-09



New England is defined as Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

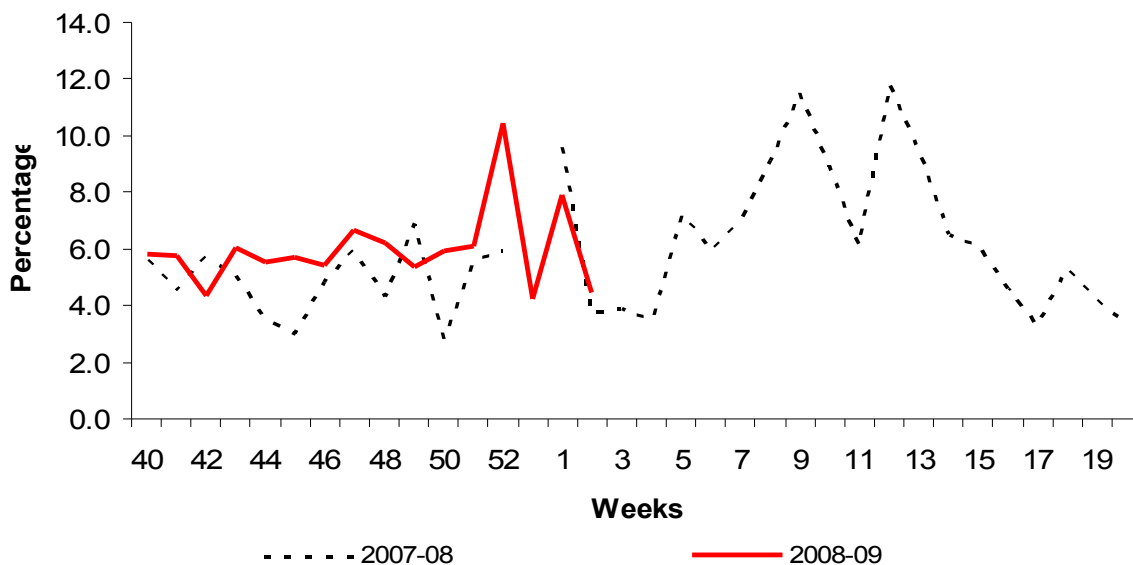
Severe Disease Surveillance

Hospital inpatients

During the week ending January 17th, 2009, 4.5% of hospital admissions reported by three hospitals were attributable to pneumonia or influenza.

* At time of publication, reporting may be incomplete. Numbers presented here may change as more reports are received.

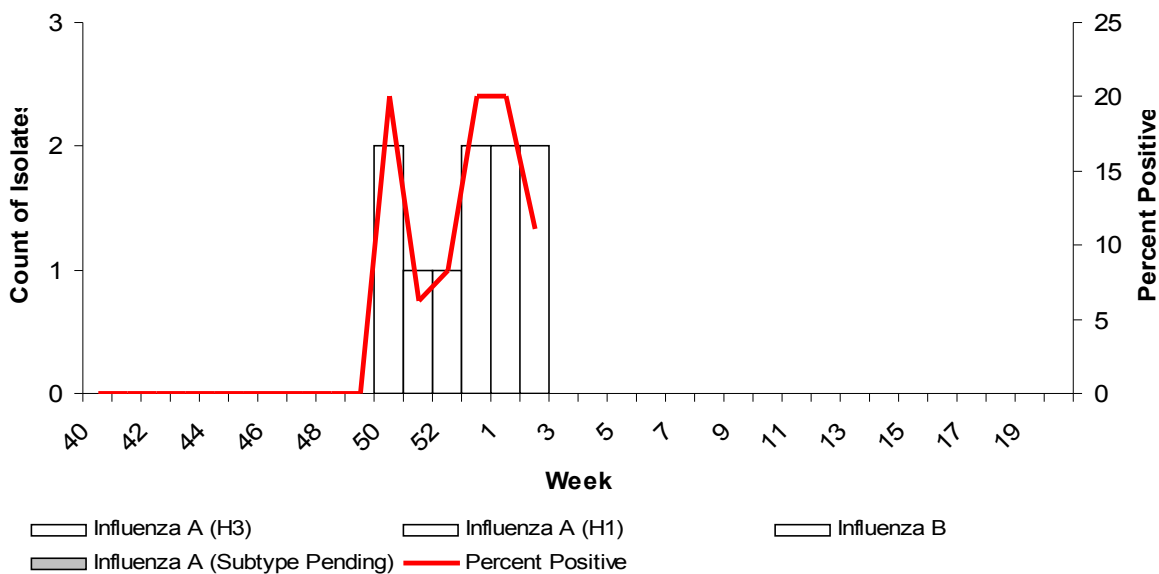
Hospital Admissions Due to Pneumonia or Influenza -- Maine, 2007-09



Laboratory Reporting

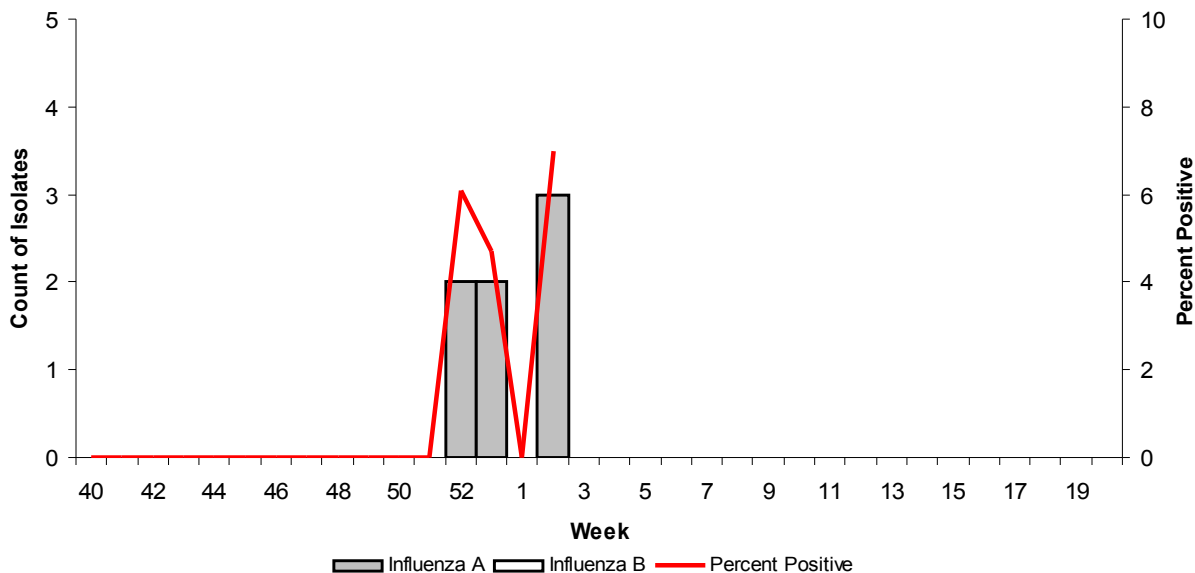
During the week ending January 17th, 2009, 18 samples were submitted for testing to the Maine Health and Environmental Testing Laboratory (HETL). Two (11.1%) tested positive for influenza, both influenza A H1. To date, 115 samples have been submitted, ten (8.7%) were positive for influenza: nine for influenza A H1, and one for influenza A H3.

Respiratory Specimens Positive for Influenza from HETL, Maine, 2008-2009



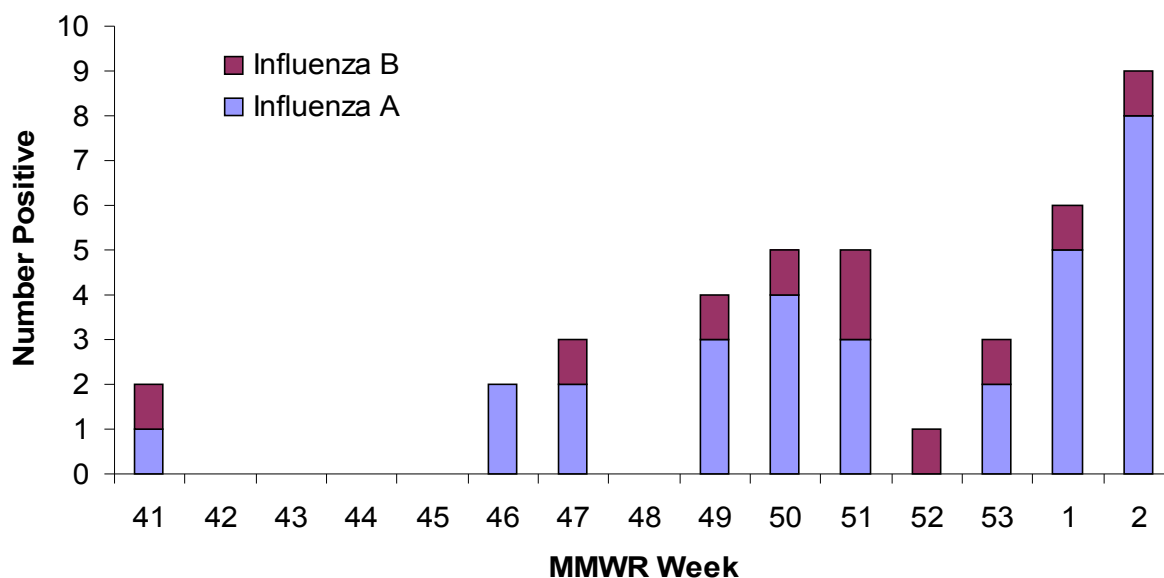
During the week ending January 17th, 2009, 43 samples were submitted for testing to two private reference laboratories, three (7.0%) tested positive for influenza A. Six samples were positive for RSV, and one sample was positive for enterovirus. A combined total of 464 specimens have been submitted for respiratory testing to date, seven were positive for influenza A. To date, 22 samples were positive for RSV, nine samples were positive for parainfluenza 3, two samples were positive for adenovirus, and two samples were positive for enterovirus.

Respiratory Specimens Positive for Influenza from Two Reference Laboratories, Maine, 2008 - 2009



Rapid tests are often used in clinical practice and these results contribute to the determination of the state influenza activity code reported to the federal CDC. During the week ending January 17th, 2009, nine samples tested positive using rapid testing, eight for influenza A and one for influenza B. A combined total of 40 positive rapid tests have been reported this season. Thirty were positive for influenza A, and ten were positive for influenza B.

Positive Rapid Influenza Tests, Maine, 2008-2009



Outbreaks

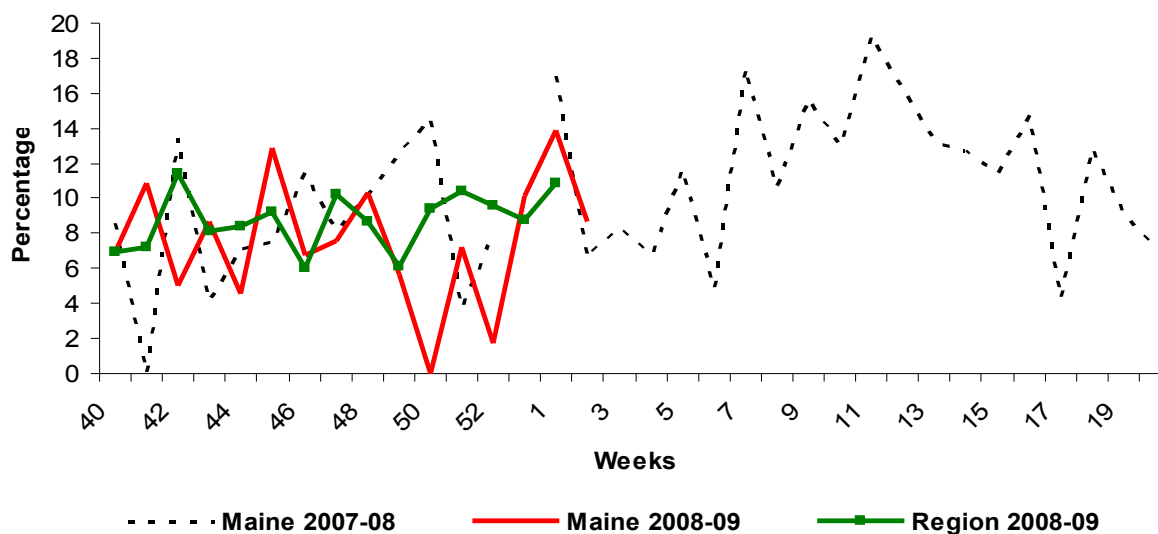
During the week ending January 17th, 2009, no outbreaks of influenza-like illness were reported in Maine. To date, one outbreak of influenza-like illness in a long term care facility has been reported.

Fatalities Surveillance

Death Certificates

During the week ending January 17th, 2009, 8.7% of deaths reported by two city vital records offices were attributable to pneumonia and influenza.

Percentage of Deaths Attributable to Pneumonia and Influenza – Maine, New England and the United States, 2007-09



Pediatric Fatalities

No influenza-associated pediatric deaths in Maine have been reported this season.

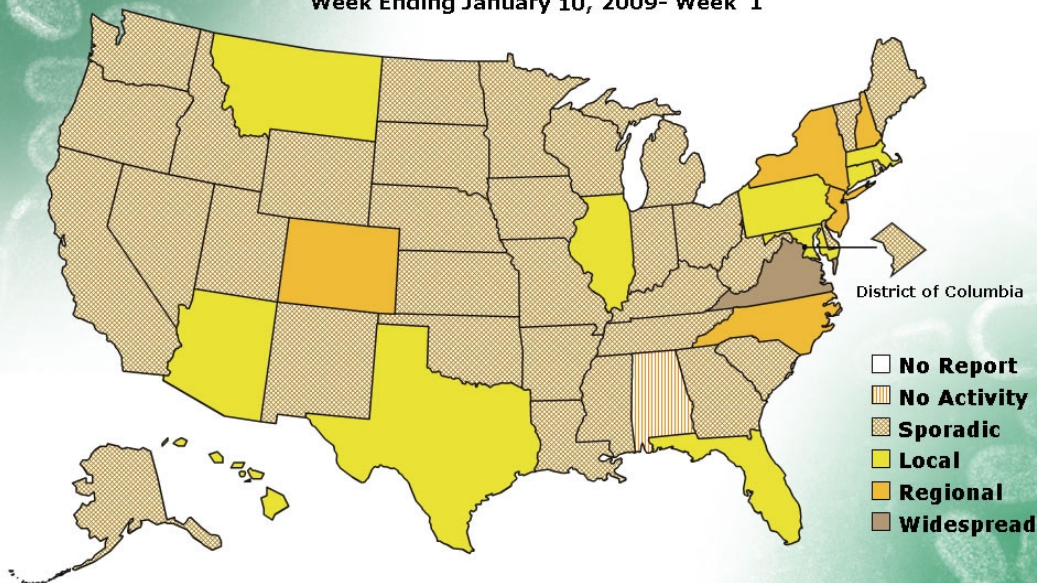
National Influenza Activity

State health departments report the estimated level of influenza activity in their states each week. States report influenza activity as: 1) no activity, 2) sporadic, 3) local, 4) regional, or 5) widespread (definitions of these levels can be found at: www.cdc.gov/flu/weekly/usmap.htm). Maine reported sporadic activity for the week ending January 17th, 2009 (week 2).



CDC
CENTERS FOR DISEASE
CONTROL AND PREVENTION

Week Ending January 10, 2009- Week 1



*This map indicates geographic spread and does not measure the severity of influenza activity.